Name In Full

George Ballard

Certificate of Death

Died at Town P. Near Princess Anne County Somerset MARYLAND

Date 1899 Month May Day 2 | Age Y. 50 to 55 M. D. | Native of Md | Occupation Farmster

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living Can't say

Husband of —

Wife —

Father's Name Do not know

Mother's Name Do not know

Cause of Death: Primary Pneumonia 72 | How long sick 12 days I made 2 visits

Immediate

Accident, Suicide, Homicide

Reported by John Dale M. D.

Address P. Anne, Somer- Set Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78888

Name in Full Beauchamp Certificate of Death

May D. Beauchamp

16 miles from Princess Anne County of Somerset

Died at Warren B. Hayman's Near Marion Station MARYLAND

Date 1899 May 1st Month Day | Age Y. M. D. 27 years old | Native of Somerset Co. | Occupation House Keeping

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow ~~Widower~~ | Divorced

Number of children living 2

Husband of Wife Frank T. Beauchamp

Father's Name James Davis | Mother's Name Elizabeth Davis

Cause of Death: Primary Contracted Cold 161 | How long sick About one year

Immediate | Accident, Suicide, Homicide

Reported by Olin T. Beauchamp

Address Princess Anne

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. Fred Adams

of Rehobeth Somerset Co

Seen by Coroner

of

The certificate from Dr. Parent [illegible] need

Information contained in this certificate received

from

of Wm H. Smith Undertaker

Name in Full

Certificate of Death

Infant no name Beckett

Town

County

Died at Rock Creek Somerset MARYLAND

Month Day | Y. M. D. | Native of | ~~Occupation~~

Date 1899 May 18 | Age | md |

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ Number of children living

Husband of Wife

Father's Name Jas. Beckett

Mother's Name Margaret Beckett

Cause of Death: Primery — How long sick

Immediate: Dead Borned — Accident, Suicide, Homicide

Reported by W. W. Evans Stillwell

Address Deals Island Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Attended by Dr. none

of

Information contained in this certificate received from Geo Breed

of Chance P.O ma

Seen by Coroner none

of

OVER

Name in Full

Certificate of Death

Margaret Beckett

Died at Town: Rock Creek County: Somerset MARYLAND

Date 189[illegible] Month: May Day: 18 | Age Y. 36 M. D. | Native of md | Occupation Home work

~~Male~~ Female | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living 6

~~Husband~~ Wife of James Beckett

Father's Name Lawrence Fields

Mother's Name Matilda Fields

Cause of Death: Primary Birth of her Child — How long sick

Immediate Hemorrage 11? — Accident, Suicide, Homicide

Reported by W. W. Evans

Address Deals Island md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Attended by Dr. none

of

Information contained in this certificate received from Geo. Reed

of Chance P.O. md

Seen by Coroner none

of

OVER

Name In Full George Oliver Cortin

Certificate of Death

Died at Town Marion County Somerset MARYLAND

Date 1899 Month May Day 11 | Age Y. 9 M. 2 D. 11 | Native of Somerset Md. | Occupation

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

~~Husband of~~ ~~Wife~~

Father's Name Oliver Cortin Mother's Name Mary Elizabeth Barnes

Cause of Death: Primary Tubercular Meningitis — How long sick 3 weeks

Immediate Convulsions 22 hr — ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by C. B. Ensor M.D.

Address Marion Somerset Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70858

Name In Full James A. Daniel

Certificate of Death

Died at Town Deal Reid County Somerset MARYLAND

Date 1899 Month Jan Day 20 | Age Y. 73 M. — D. — | Native of Md | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower ~~Divorced~~ | Number ~~of children~~ living 1

Husband ~~Wife~~ of Mary C. Daniel

Father's Name Poindexter Daniel | Mother's Name Margaret Daniel

Cause of Death: Primary Heart Disease — How long sick 3 months

Immediate 570 — Accident, Suicide, Homicide

Reported by Wm. Lowe M.D.

Address Deal Reid Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7998B

Name In Full

Certificate of Death

William Dubois

Died at Town: Edwin County: Somerset MARYLAND

Date 189 Month: May Day: 21 | Age Y.: 50 M.: — D.: — | Native of: New York | Occupation: Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ | Number of children living: 4

Husband ~~Wife~~ of Clara Dubois

Father's Name: William Dubois | Mother's Name: Don't know

Cause of Death — Primary: Cancer of Liver & Stomach | How long sick: 6 months

Immediate: Asthenia 2 5 6 | Accident, Suicide, Homicide

Reported by: Chas. W. Warring M.D.

Address: Princess Anne Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Certificate of Death

John Horsey

Died at Town: Lensfield County: Somerset MARYLAND

Date 1899 Month: May Day: 26 | Age Y. 24 M. D. | Native of: Lensfield | Occupation: Laborer

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name: Daniel Horsey Mother's Name: Mary Horsey

Cause of Death — Primary: Convulsions — How long sick: 3 days

Immediate: 48 — ~~Accident, Suicide, Homicide~~

Reported by: G. T. Simpson, M. D.

Address: Lensfield. Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Attended by Dr. G. T. Simonson

of Cinfield, Md

Seen by Coroner

of

Information contained in this ce[illegible]

ceived from

of

Name In Full

Certificate of Death

Geo H. Hyland

Died at Town: Deals Island County: Somerset, Co MARYLAND

Date 1899 Month: may Day: 22 | Age Y. 78 M. D. | Native of md | Occupation Laborer

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ | Widow Widower | Divorced | Number of children living 11+3 living

Husband of Wife Lu J Hyland

Father's Name | Mother's Name

Cause of Death: Primary 141 How long sick 4 mo

Immediate Old age Accident, Suicide, Homicide

Reported by W. H. Hendry

Address Deals Island

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79608

Attended by Dr. M. Row, x3

of Deals Island 6

Seen by Coroner .....

of .....

Information contained in this certificate received

from Geo S. Hyland

of Deals Island

Name In Full Orland Jones

Certificate of Death

Died at Town Prince County Somerset MARYLAND

Date 1899 Month 5 Day 11 | Age Y. 20 M. – D. – | Native of Md | Occupation Housewife

~~Male~~ Female | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living 2

Husband ~~Wife~~ of Geo. H. Jones

Father's ~~Name~~ Henry Tolman Mother's Name Louisa Jones

Cause of Death: Primary Pneumonia 26 | How long sick 3 weeks

Immediate | Accident, Suicide, Homicide

Reported by Jas. Lord M.D.

Address Deal Island Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70798

Name in Full

Certificate of Death

marien R Long

Died at Town, Fairmount County somerset MARYLAND

Date 189 9 Month may Day 22 | Age Y. 3 M. 4 D. | Native of ma | Occupation none

Male 309 White Married Widow Divorced

Female Colorad yes Single Widower Number of children living

Husband of

Wife

Father's Name marien Long Mother's Name Rosey Jong

Cause of Death — Primary hooPing Cough — How long sick 6 days

Immediate 7 — Accident, Suicide, Homicide

Reported by William a Ford

Address Fairmount somerset

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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LIBRARY BUREAU, 79898

Attended by Dr. No Potter

of

Seen by Coroner

of

Information contained in this certificate received

from Family

of Fairmount

Name in Full Annie Milligan

Certificate of Death

Died at Town Fairmount County Somerset MARYLAND

Date 1899 Month May Day 27 Age Y. 37 M. D. Native of Occupation

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 6

~~Husband~~ Wife of Isaac T. Milligan

Father's Name Joseph Hopkins Mother's Name Martha Hopkins

Cause of Death Primary 22a How long sick 2 yrs

Immediate Consumption Accident, Suicide, Homicide

Reported by Dr. E. S. Miles

Address Up Fairmount

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Attended by Dr. E. S. Miles

of Up. Fairmount Md

Seen by Coroner

of

Information contained in this certificate re-

ceived from Family & Dr

of

Name In Full

George P. Powell

Certificate of Death

Died at Princess Anne (Town) - Somerset (County) - MARYLAND

Date 1899 Month: May Day: 21 | Age Y.: 36 M.: — D.: — | Native of: Somerset Co | Occupation: Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living: 3

Husband / Wife of: Carrie R. Powell

Father's Name: Elijah Powell | Mother's Name: Mary Powell

Cause of Death — Primary: Pneumonia 72 | How long sick: 10 days

Immediate: Cardiac Asthenia | ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: Chas. W. Wainwright M.D.

Address: Princess Anne Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79608

Name In Full

Mrs. Mary Pusey

Certificate of Death

Died at Town 7 Miles from Town County Somerset MARYLAND

Date 1899 Month May Day 29 | Age Y. 72 M. D. | Native of Somerset | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | Divorced Number of children living Sixt Ena

Husband of Wife Quinton Pusey

Father's Name | Mother's Name

Cause of Death: Primary | How long sick

Immediate Dropsy 15 5 a | Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Attended by Dr. R. W. Dashwell

of Princess Anne

Seen by Coroner

of

Information contained in this certificate received

from Dr. Dashwell

of Wm. H. Smith Undertaker

Name in Full Ida Riggin

Certificate of Death

Died at Town Crisfield County Somerset MARYLAND

Date 1899 Month May Day 11 | Age Y. 42 M. D. | Native of Maryland | Occupation Milliner

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ of Wife

Father's Name John Riggin

Mother's Name Mariah Riggin

Cause of Death: Primary Tuberculosis 22a — How long sick 3 years

Immediate Exhaustion — ~~Accident, Suicide, Homicide~~

Reported by W. F. Hall

Address Crisfield Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name In Full Rock

Certificate of Death

Died at Town Near Princess Anne County Somerset MARYLAND

Date 1899 Month May Dey 17 | Age Y. 79 M. D. | Native of Somerset | Occupation

Mele ~~Female~~ | ~~White~~ Colored | Married Single | Widow Widower | Divorced Number of children living

Husband of Wm Rock
Wife Maria Rock

Father's Name

Mother's Neme

Cause of Death: Primary 141 — How long sick

Immediate General debility — Accident, Suicide, Homicide

Reported by M. F. Lankford Princess Anne

Address Princess Anne

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78898

Attended by Dr. No Doctor

of

Seen by Coroner

of

Information contained in this certificate received

from W. F. Lankford

of Wm. A. Smith Funeral

Name In Full

Smith

Certificate of Death

Died at Town: Oriole County: Somerset MARYLAND

Date 189[illegible] Month: May Day: 15

Age Y. 38 M. D.

Native of: Somerset Co

Occupation:

~~Male~~ / Female

White / ~~Colored~~

Married / ~~Single~~ / Widow / Widower / ~~Divorced~~

Number of children living: 3

Husband of / Wife: Lavina Smith

Father's Name: John Smith

Mother's Name: don't Know

Cause of Death:

Primary:

Immediate: Consumption 220

How long sick:

Accident, Suicide, Homicide:

Reported by: Henry Stevens

Address: Oriole Somerset Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7089B

Attended by Dr. Hoyet 6 2

of D. Hoyt replied that

Seen by Coroner he did not attend her

of

Information contained in this certificate received

~~from~~ by Telephone

~~of~~ Wm H Smith Undertaker

Name in Full Mrs. Kessiah Stattins

Certificate of Death

Died at Town Crisfield County Somerset MARYLAND

Date 1899 Month May Day 28 Age Y. 78 M. — D. Native of Worcester Co Occupation Lady

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 1

Husband / Wife of +

Father's Name X

Mother's Name + 86

Cause of Death: Primary Intestinal obstruction — How long sick 22 hours

Immediate Exhaustion — ~~Accident, Suicide, Homicide~~

Reported by W. F. Hall

Address Crisfield Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

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Name In Full

Certificate of Death

Mrs Taylor

Died ~~at~~ Town Near Princess Ann County Somerset MARYLAND

Date 1899 Month May Day 43 | Age Y. 35 M. D. | Native of Somerset | Occupation

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ ~~Single~~ Widower Number of children living

~~Husband~~ of Wife Robt Taylor

Father's Name

Mother's Name

Cause of Death: Primary 22a

How long sick

Immediate Consumption

Accident, Suicide, Homicide

Reported by James Powell

Address Princess Anne

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Attended by Dr. No Doctor

of

Seen by Coroner

of

Information contained in this certificate received

from Wm H Smith Undertaker

of

Name in Full Noah Thomas

Certificate of Death

Died at Town Fairmount County Pomusch Co MARYLAND

Date 189 May Month 2 Day June Age Y. 68 M. D. Native of Occupation Oysterman

Male White Married ~~Widow~~ Divorced no

Female ~~Colored~~ ~~Single~~ Widower Number of children living 5

Husband of Wife

Father's Name Mother's Name

Cause of Death Primary Paralysis 44 How long sick 5 or 6 days

Immediate Accident, Suicide, Homicide

Reported by Dr E S Mees

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 70808